Client Services Contract

As the patient's legal representative, I understand that my signature below gives my consent for KidSpark, LLC to provide therapeutic services including evaluation, treatment, and educational services. I also acknowledge that KidSpark, LLC does not guarantee any results for the therapeutic interventions given.

Acknowledge and Assumption of Risk

_____ **Initial** In consideration of my child, _____, receiving routine clinical care throughout KidSpark, LLC, I, the undersigned parent/legal guardian, recognize that my child's participation is voluntary. I acknowledge that there is some risk inherent in the participation of therapeutic services and agree to assume such risk. I do hereby release and agree not to hold liable KidSpark, LLC, its agents and members, from any and all actions, causes of action, claims, demands, costs, or damages as a result of property damages or personal injuries sustained by my child or resulting from an act or omission, negligent or otherwise, of KidSpark, LLC, its agents or members.

Financial Responsibility

_____ **Initial** I agree that I am financially responsible for all charges for services rendered by KidSpark, LLC including evaluation, treatment, and educational services. I acknowledge that payment is due at the time of services rendered. I have received a written explanation of the fee schedule for services, payment options, and cancelation policy and agree to all. I understand that KidSpark, LLC is private pay only and is out-of-network with all insurance companies. If I chose to use the Receipt for Services in an attempt to obtain payment from my insurance company, I understand that KidSpark, LLC does not guarantee any amount of payment from my insurance toward the cost of services. I understand that

it is unlikely that my insurance will cover the full private pay cost of services through KidSpark, LLC.

Photo and Video Release

_____ **Initial** I hereby authorize KidSpark, LLC to use, reproduce, and/or publish photographs and/or video that may pertain to my child - including my child's image, likeness, and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, multimedia exhibits, or for other related endeavors. This material may also appear on KidSpark web page and/or digital social media services. I also understand KidSpark, LLC may use videotaping and related equipment for diagnostic and treatment planning purposes.

Email/Phone/Text Release

_____ **Initial** I agree to use email, phone and text as a means of communication in relation to my child's services provided by KidSpark, LLC. Communication may include, but is not limited to the following: evaluation and treatment reports, progress updates, receipts for provided services, invoices, scheduling needs, home programs, and parent education. I understand that this communication may include personal information such as medical history, diagnosis codes, procedure codes, and dates of service. Emails may include PDF attachments which may or may not be password protected.

I have read and agree to the terms described in the Client Services Contract.

Patient Full Name: _____

Parent/Guardian Full Name(s): _____

Relationship to Patient: _____

Signature: _____ Date: _____